Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Patricia Ramirez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: (month, day, year) 2. Function or Event Information 32.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes No 🗆 Event Description: Pomona Fairplex Date(s) __05 2025 26 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes SGV Service Center 16 Per ticket policy 5.3 (i) 4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942	2. I have verified that the	distribution set forth above	, is in accordance
with the requirements.				

Pro	Patricia Ramirez	Office Manager	6/26/2025
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Clear

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